

Fee Calculation Sheet  
(For Use with Form PTO-875)

Applicant (S)

077246207

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
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34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38	1	1	1		
TOTAL CLAIMS	42					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								